

**Calendar No. 536**

103D CONGRESS  
2D SESSION

**S. 2343**

**A BILL**

To state the sense of the Senate on the TRICARE program of the Department of Defense and to facilitate the full implementation of the program by authorizing the reimbursement of the program for the cost of care provided under the program to certain medicare-eligible individuals.

AUGUST 1 (legislative day, JULY 20), 1994

Placed on the calendar

**Calendar No. 536**

103<sup>D</sup> CONGRESS  
2<sup>D</sup> SESSION

**S. 2343**

To state the sense of the Senate on the TRICARE program of the Department of Defense and to facilitate the full implementation of the program by authorizing the reimbursement of the program for the cost of care provided under the program to certain medicare-eligible individuals.

---

IN THE SENATE OF THE UNITED STATES

AUGUST 1 (legislative day, JULY 20), 1994

Mr. NUNN, from the Committee on Armed Services, reported the following original bill; which was read twice and placed on the calendar

---

**A BILL**

To state the sense of the Senate on the TRICARE program of the Department of Defense and to facilitate the full implementation of the program by authorizing the reimbursement of the program for the cost of care provided under the program to certain medicare-eligible individuals.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. IMPLEMENTATION OF THE TRICARE PROGRAM**  
2 **OF THE DEPARTMENT OF DEFENSE.**

3 (a) SENSE OF SENATE.—It is the sense of the Senate  
4 that—

5 (1) the health care program of the Department  
6 of Defense, commonly known as TRICARE—

7 (A) reflects a commitment to cooperation  
8 between the military departments; and

9 (B) integrates on a regional basis the pro-  
10 vision of health care by the military medical  
11 treatment facilities under chapter 55 of title 10,  
12 United States Code;

13 (2) the full implementation of the TRICARE  
14 program of the Department will result in the estab-  
15 lishment of a system for the delivery of health care  
16 by the Department that is cohesive, flexible, and  
17 more capable of meeting the requirements of readi-  
18 ness to provide health care in support of military op-  
19 erations and of capacity to provide health care on a  
20 routine basis;

21 (3) the full implementation of the TRICARE  
22 program of the Department will also result in—

23 (A) improved access to health care for in-  
24 dividuals eligible to participate in the system;  
25 and

1 (B) an enhancement of the capacities of  
2 the Department of Defense medical facilities  
3 through—

4 (i) control over contractor support of  
5 such facilities;

6 (ii) sharing of resources and inter-  
7 operability between the military depart-  
8 ments in the operation of such facilities;  
9 and

10 (iii) cost containment; and

11 (4) medicare reimbursement is essential if the  
12 TRICARE program of the Department is to com-  
13 pete effectively among providers of health care serv-  
14 ices nationwide.

15 (b) REIMBURSEMENT BY MEDICARE FOR CARE PRO-  
16 VIDED TO MEDICARE-ELIGIBLE INDIVIDUALS.—(1) In the  
17 case of a person who is a medicare-eligible individual and  
18 who is provided care in a facility of the uniformed services  
19 that is certified under subsection (c), the Secretary of  
20 Health and Human Services shall be responsible for mak-  
21 ing payments to the certified facility under this section  
22 on behalf of the person.

23 (2) The responsibilities of the Secretary of Health  
24 and Human Services under this subsection shall be in the  
25 same amounts and under similar terms and conditions

1 under which that Secretary makes payments to eligible or-  
2 ganizations with a risk-sharing contract under such sec-  
3 tion 1876.

4 (3) Upon making payment under this subsection to  
5 a certified facility on behalf of a person, the obligation  
6 of the Secretary of Health and Human Services to provide  
7 health care services to the person shall cease.

8 (c) CERTIFICATION OF FACILITIES.—(1) The Sec-  
9 retary of Defense shall certify to the Secretary of Health  
10 and Human Services each year—

11 (A) a list of all facilities of the uniformed serv-  
12 ices that—

13 (i) meet or exceed medicare requirements  
14 that apply to a public facility; or

15 (ii) fully comply with requirements estab-  
16 lished by the administering Secretaries that are  
17 intended to achieve the same or similar pur-  
18 poses as the requirements referred to in clause

19 (i) and that are no less stringent than such re-  
20 quirements; and

21 (B) a list of all health plans conducted by the  
22 Secretary of Defense that—

23 (i) meet or exceed medicare HMO require-  
24 ments that apply to the health plan of a public  
25 entity; or

1           (ii) fully comply with requirements estab-  
2           lished by the administering Secretaries that are  
3           intended to achieve the same or similar pur-  
4           poses as the requirements referred to in clause  
5           (i) and that are no less stringent than such re-  
6           quirements.

7           (2) For purposes of the medicare program—

8           (A) a Department health care facility for which  
9           there is a certification in effect under paragraph  
10          (1)(A) and which provides care to medicare-eligible  
11          individuals shall be deemed to be a medicare pro-  
12          vider; and

13          (B) a health plan for which there is a certifi-  
14          cation in effect under paragraph (1)(B) and which  
15          provides care to medicare-eligible individuals shall be  
16          deemed to be a medicare HMO.

17          (d) DEFINITIONS.—In this section:

18           (1) The term “administering Secretaries” has  
19           the meaning given such term in section 1072(3) of  
20           title 10, United States Code.

21           (2) The term “medicare program” means the  
22           health insurance program under title XVIII of the  
23           Social Security Act (42 U.S.C. 1395 et seq.).

1           (3) The term “medicare-eligible individual”  
2 means an individual who is entitled to benefits under  
3 part A of the medicare program.

4           (4) The term “medicare HMO” means an eligi-  
5 ble organization under section 1876 of the Social Se-  
6 curity Act (42 U.S.C. 1395mm).

7           (5) The term “medicare provider” means an in-  
8 dividual or entity furnishing items or services for  
9 which payments may be made under the medicare  
10 program.

○